# Effects of Chikungunya virus titers in blood meals on virus infection, dissemination, and transmission in Asian tiger mosquito: *Aedes albopictus* (Diptera: Culicidae)

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#### Abstract

Chikungunya virus (CHIKV) is an important mosquito-borne virus and transmission cycle of this virus involves mosquito vectors and infected vertebrate hosts. However, the study about vector competence for CHIKV in Thailand is limited. This study was conducted to examine the effects of CHIKV titers in blood meals on vector competence of *Aedes albopictus* (Diptera: Culicidae). Five groups of *Ae. albopictus* were allowed to feed on different levels of CHIKV in the blood meals which were 10², 10³, 10⁴, 10⁵, and 10⁶ CID₅0/ml of CHIKV. Body, legs and wings, and saliva samples from blood-fed mosquitoes were assayed for the presence of CHIKV by using immunocytochemistry staining on day 14 post blood feeding. Percent virus infection, dissemination, and transmission is defined as percent of blood-fed mosquitoes with virus in their bodies, legs and wings, and saliva, respectively. The percent infections were 83.3, 90, 100, 100, and 100%, the percent disseminations were 70.8, 86.7, 100, 90, and 98%, and the percent transmissions were 41.6, 70, 100, 90, and 82.4% after having been fed on 10², 10³, 10⁴, 10⁵, and 10⁶ CID₅0/ml of CHIKV, respectively. However, there was no significant difference of the percent transmission after having been fed on 10⁴ and 10⁵ CID₅0/ml of CHIKV. This study suggested that *Ae. albopictus* are susceptible for CHIKV infection and efficient vectors for CHIKV transmission, and CHIKV titers in blood meals have effects on virus infection, dissemination, and transmission in *Ae. albopictus* or vector competence of this mosquito.

Keywords: Aedes albopictus, Chikungunya virus, Transmission, Vector competence

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### Introduction

Chikungunya virus (CHIKV) is an emerging or re-emerging mosquito-borne virus belonging to the genus Alphavirus of the family Togaviridae. This virus has an antigenic relationship with Mayaro, O'nyongnyong, and Semliki virus. It is an enveloped, singlestranded, positive-sense RNA virus. It was first discovered in Tanzania in 1952 and was first identified in Thailand in 1958 (Halstead et al., 1969). CHIKV can be classified into four lineages: West Africa, East Central and South Africa, Asian, and Indian Ocean lineage. Recently, the emerging and re-emerging of this virus have occurred in several countries including Thailand (Lam et al., 2001; Chusri et al., 2011; Duong et al., 2012). The Asian lineage was responsible for the previous outbreak, whereas the Indian Ocean lineage (IOL) contributed to the current outbreak in Thailand (Theamboonlers et al., 2009). CHIKV causes high morbidity but low mortality in humans. A large number of CHIVK-infected travelers have been identified after traveling to endemic countries (Pile et al., 1999; Hochedez et al., 2006; Gosciminski et al., 2015; Hwang and Lee, 2015; Kondo et al., 2016; Imai et al., 2016). The present situation of international travel poses a new challenge that demands increased awareness of the possibility of emerging infectious diseases (Tanay et al., 2008; Tanay, 2016). Symptoms of infected patients including acute febrile illness, headache, muscle pain, joint pain, joint swelling, and rash usually begin 3-7 days after being bitten by infected mosquitoes (Suryawanshi et al., 2009; Theamboonlers et al., 2009; Valamparampil et al., 2009). The study by Wattanaveeradej et al. (2006) indicated that 33.6% of infants at delivery from March 1998 to October 1999 at the Phramongkutklao Hospital, Bangkok, Thailand had antibodies to CHIKV and the half-life of antibody persisted for 35.5 days.

Transmission cycle of CHIIKV involves infected vertebrate hosts and mosquito vectors. Different mosquito species play important roles as potential vectors for CHIKV in different areas and countries (Pages et al., 2009; Richards et al., 2010; van den Hurk et al., 2010; McTighe and Vaidyanathan, 2012; Richard et al., 2016). Nevertheless, Aedes aegypti and Ae. albopictus are principal mosquito vectors for the transmission of CHIKV (Banerjee et al., 1988; Vega-Rua et al., 2014; Diaz-Gonzalez et al., 2015). CHIKV was detected in both sexes of Ae. aegypti and Ae. albopictus in Thailand. However, the infection rate in Ae. albopictus was higher than that in Ae. aegypti. The emergence of CHIKV in adult male mosquitoes of both species indicated a role of transovarial transmission of the CHIKV in field population of the mosquito vectors in Thailand (Thavara et al., 2009). A laboratory study also demonstrated vertical transmission of CHIKV in Ae. aegypti and Ae. albopictus mosquitoes in Thailand (Chompoosri et al., 2016). The study by Jain et al. (2016) documented CHIKV infection in mosquito larvae, pupae, and progeny of adults collected from a field in India, which revealed the presence of vertical transmission of CHIKV in field population of Ae. aegypti.

Ae. albopictus or Asian tiger mosquito is the invasive bridge vectors for zoonotic viruses found in

various geographical areas. These mosquitoes were originally found in Asia and introduced into Africa, America, Australia, and Europe (Akiner et al., 2016). They have exophagic and exophilic behaviors, and opportunistic feeding behaviors on a wide range of hosts. Ae. albopictus is concerned with various vertebrate hosts and virus ecology and can pose higher risks of spreading arboviruses to human population (Delatte et al., 2010). There were few studies of the mosquito infection, dissemination, and transmission with CHIKV strain responsible for the current outbreak in Thailand. More studies need to be performed to address the role and relationship between mosquitoes and CHIKV. Therefore, this study was conducted to examine the vector competence of Ae. albopictus, and the effects of CHIKV titers in blood meals on virus infection, dissemination, and transmission in Ae. albopictus.

#### Materials and Methods

Mosquito and mosquito infection: Laboratory-reared Aedes albopictus was used in this study. Originally collected from Nonthaburi province and colonized by the Department of Medical Sciences, Ministry of Public Health, Thailand, the mosquitoes have been maintained in the insectary, Parasitology Unit, Department of Veterinary Pathology, Faculty of Veterinary Science, Chulalongkorn University, Bangkok, Thailand for more than 10 generations. Conditions for mosquito rearing in the insectary were  $25^{\circ}$ C and  $80 \pm 5\%$  relative humidity with 12:12 hr light/dark cycle. The mosquitoes were allowed to feed on 10% sucrose ad libitum.

Five- to 10-day-old mosquitoes were allowed to feed on different levels of CHIKV (Thailand 2010 strain) in blood meal by using an artificial membrane feeder. Feeding success rates of the mosquitoes and different membranes on the artificial membrane feeder were compared and identified in our previous study (unpublished data). The feeding success rate of the mosquitoes through fresh pork intestine is higher than that through plastic paraffin film (Parafilm M, Pechiney plastic packaging, Chicago, IL). For this reason, fresh pork intestine was used as the feeding membrane in the present study.

Virus and cell culture: Thailand 2010 strain of Chikungunya virus (CHIKV) was used in this study. CHIKV was originally isolated from an infected patient during the outbreak in Narathiwas province, southern Thailand in 2010. It was supplied by the Faculty of Medicine, Chulalongkorn University, Thailand. CHIKV was propagated and assayed in Vero-76 cells. Molecular identification of the virus was conducted by reverse transcription polymerase chain reaction (RT-PCR) and direct sequencing. It was in the Indian Ocean lineage (IOL) with an alanine-to-valine substitution at the position 226 of the E1 envelope glycoprotein (E1-A226V).

*Virus assay:* CHIKV in the mosquito blood meals and mosquito samples were examined through immunocytochemistry staining and confirmed by reverse transcription polymerase chain reaction.

*Immunocytochemistry (ICC) staining*: CHIKV in the mosquito blood meals and mosquito samples were examined. Ten-fold dilution of blood meal samples were assayed for an amount of the virus in Vero-76 cells through ICC staining. Virus titers of CHIKV in the mosquito blood meals were expressed as CID<sub>50s</sub>/ml (Reed and Muench, 1938). CHIKV infection in bodies, legs and wings, and saliva collected from tested mosquitoes was assayed for presence of the virus in Vero-76 cells by means of ICC staining.

The samples were inoculated in a confluent monolayer of Vero-76 cells in a 96-well plate for three days. The inoculated cells were then fixed with 4% formaldehyde at room temperature for 25 min and washed three times with 0.5% tween in Phosphate Buffer Saline (PBS). Mouse monoclonal antibody to CHIKV (abcam®, USA) was added, incubated at room temperature for two hr, and washed three times with 0.5% tween in PBS. Polyclonal rabbit anti-mouse immunoglobulins/HRP (Dako, Denmark) was added, incubated at room temperature for two hr, and washed three times with 0.5% tween in PBS. AEC (3-amino-9ethylcarbazole) substrate (Sigma-Aldrich, USA) was added and incubated at room temperature for one hr. The plate was then washed with distilled water, dried at room temperature, and examined under a light microscope. Single measurement with four wells of inoculated cells was used for virus titer examination through ICC staining.

Reverse transcription polymerase chain reaction (RT-PCR): CHIKV in the mosquito blood meals and mosquito samples were confirmed by RT-PCR. Viral nucleic acid was extracted from the cell culture media sample through viral nucleic acid extraction kit II (Geneaid, Taiwan) following the manufacturer's instructions. The extracted nucleic acid was kept at -80°C until tested. Each extracted viral nucleic acid sample was tested for CHIKV by means of RT-PCR, which was slightly modified from that of CV et al. (2007) and Theamboonlers et al. (2009). The primers this study were DVRChk-Reverse used in 5'GGGCGGTAGTCCATGTTGTAGA3' and DVRC hk-Forward 5'ACCGGCGTCTACCCATTCATG T3' (CV et al., 2007). The PCR product was analyzed in 2% agarose gel with an expected 330 base pair band.

Experimental design and data analysis: Five groups of five- to 10-day-old mosquitoes were allowed to feed on different levels of CHIKV (Thailand 2010 strain) in blood meal by using an artificial membrane feeder. The mosquitoes were starved from 10% sucrose for 24 hr before blood feeding. Swine intestines were cleaned several times with distilled water before use. Five ml of blood meal which was composed of 0.5 ml of stock CHIKV, 3 ml of clean sheep blood, 1 ml of fetal bovine serum (FBS) (Gibco<sup>TM</sup>, Thermo Fisher Scientific, USA), and 0.5 ml of 1% sucrose was added in the artificial membrane feeder. Temperature of the blood meal in the feeder was maintained at 37°C by warm water circulation in the outer part of the feeder. Each mosquito group (60 mosquitoes) was then allowed to feed for 45-60 min and the engorged mosquitoes were maintained in the insectary at 25°C and  $80 \pm 5\%$  relative humidity with 12:12 hr light/dark cycle for 14 days. Non-blood-fed, partially blood-fed, and dead mosquitoes were removed from the study.

In this study, percent infection was defined as percent of blood-fed mosquitoes with virus in bodies. Percent dissemination was defined as percent of blood-fed mosquitoes with virus in hemocoel as indicated by detecting virus in legs and wings. Percent transmission was defined as percent of blood-fed mosquitoes with virus in saliva (Tiawsirisup et al., 2004, 2005). On day 14 post blood feeding (PBF), each CHIKV blood-fed mosquito's body, legs and wings, and saliva were assayed for the presence of CHIKV.

The mosquitoes were anesthetized at -20°C and the mosquito legs and wings were removed and kept in 500 ul of Minimum Essential Media (MEM) (Gibco<sup>TM</sup>, Thermo Fisher Scientific, USA). For mosquito saliva collection, the mosquito was then allowed to feed on 20 µl of 20% FBS in MEM in a capillary tube for 20 min. Each saliva sample was transferred into a separate tube containing 200 µl of 20% FBS in MEM. The body, and legs and wings from an individual mosquito were ground separately in a tube containing 500 µl of 20% FBS in MEM, and filtered through 0.45 µm membrane filter before being passed into 96-well plates containing a confluent monolayer of Vero-76 cells. The saliva sample was passed directly into a confluent monolayer of Vero-76 cells without filtering. Inoculated cells were observed for cytopathic effect (CPE) for up to four days, examined through ICC staining, and confirmed by RT-PCR.

*Statistical analysis*: Differences in percent infection, dissemination, and transmission among different levels of virus in the blood meal which were  $10^2$ ,  $10^3$ ,  $10^4$ ,  $10^5$ , and  $10^6$  CID<sub>50</sub>/ml of CHIKV were compared by t-test.

#### Results

The vector competence of Aedes albopictus for the Chikungunya virus (CHIKV) and the effects of CHIKV titers in blood meal on virus infection, dissemination, and transmission in Ae. albopictus were examined in this study. Five groups of Ae. albopictus were allowed to feed on different levels of Thailand 2010 strain CHIKV in the blood meal which were 102,  $10^3$ ,  $10^4$ ,  $10^5$ , or  $10^6$  CID<sub>50</sub>/ml of CHIKV. On day 14 post blood feeding (PBF), the body, leg and wing, and saliva samples from the blood-fed mosquitoes were assayed **CHIKV** presence of through immunocytochemistry (ICC) staining as indicated by red brown color in the cells. Culture media from the infected cells were also confirmed by reverse transcription polymerase chain reaction (RT-PCR).

The percent CHIKV infection in  $Ae.\ albopictus$  was 83.3% and increased to 90% after being fed on  $10^2$  and  $10^3\ CID_{50}/ml$  of CHIKV, respectively. However, there was no significant difference in the percent infection between these two CHIKV levels. After blood meals with the titers of  $10^4\ CID_{50}/ml$  of CHIKV and higher, all blood-fed mosquitoes were infected with CHIKV. The percent CHIKV dissemination in  $Ae.\ albopictus$  was 70.8% after being fed on  $10^2\ CID_{50}/ml$  of

CHIKV, and increased to 86.7, 100, 90, and 98% after blood meals with the titers of  $10^3$ ,  $10^4$ ,  $10^5$ , and  $10^6$  CID $_{50}$ /ml of CHIKV, respectively. However, there was no significant difference in the percent CHIKV dissemination among the virus titers of  $10^3$  CID $_{50}$ /ml of CHIKV and higher. The percent CHIKV transmission in *Ae. albopictus* was 41.6% after being fed on  $10^2$  CID $_{50}$ /ml of CHIKV, and increased to 70, 100, 90, and 82.4% after blood meals with the titers of  $10^3$ ,  $10^4$ ,  $10^5$ , and  $10^6$  CID $_{50}$ /ml of CHIKV, respectively. There were significant differences in the percent

CHIKV transmission among the different virus titers of CHIKV (Table 1). The lowest percent transmission was 41.6% and the highest percent transmission was 100% after being fed on  $10^2$  and  $10^4$  CID $_{50}$ /ml of CHIKV, respectively. The percent transmission after being fed on  $10^2$  CID $_{50}$ /ml was significantly different from that after being fed on  $10^3$ ,  $10^4$ ,  $10^5$ , and  $10^6$  CID $_{50}$ /ml while the percent transmission after being fed on  $10^4$  CID $_{50}$ /ml was significantly different from that after being fed on  $10^2$ ,  $10^3$ , and  $10^6$  CID $_{50}$ /ml of CHIKV.

Table 1 Percent infection, dissemination, and transmission of Chikungunya virus (CHIKV) in *Aedes albopictus* 14 days after feeding on CHIKV infected blood meal

CHIKV titer in mosquito	No. of tested	Percent	Percent	Percent
blood meal <sup>a</sup>	mosquitoes	infection <sup>b</sup>	dissemination <sup>c</sup>	transmission <sup>d</sup>
2	24	83.31	$70.8^{1}$	$41.6^{1}$
3	30	$90^{1}$	86.72	$70^{2}$
4	30	$100^{2}$	$100^{2}$	$100^{3}$
5	30	$100^{2}$	902	903,4
6	51	$100^{2}$	982	82.42,4

<sup>&</sup>lt;sup>a</sup>Titer is expressed as log<sub>10</sub> CID<sub>50</sub>/ml.

Values within each category (percent infection, percent dissemination, and percent transmission) that have a numerical superscript letter in common indicate no statistically significant differences.

#### Discussion

Aedes albopictus can be found throughout Thailand, particularly in rural areas. They are competent vectors for different arboviruses, including Chikungunya (CHIK), Dengue, West Nile (WN), and Zika viruses (Tiawsirisup et al., 2004, 2005; Vega-Rua et al., 2013; Akiner et al., 2016; Tilak et al., 2016). However, the study of mosquito vector competence for CHIKV in Thailand is limited. This study was, therefore, conducted to examine the vector competence of Ae. albopictus for CHIKV, and the effects of CHIKV titers in blood meals on virus infection, dissemination, and transmission in Ae. albopictus.

CHIKV used in this study was isolated from a patient during the outbreak of this virus in Thailand in 2010, and it was propagated in the laboratory. It is in the Indian Ocean lineage (IOL) with an alanine-to-valine substitution at the position 226 of the E1 envelope glycoprotein, which is in the same lineage as the 2008 Thailand strain. The genome sequences of CHIKV isolated from the outbreak in 2008 in Thailand are related to the strains isolated from the outbreaks in 2007 in India and in 2008 in Singapore, but different from the virus isolated in 1988 and during 1995-1996 in Thailand (Theamboonlers et al., 2009).

A study of mosquito vector competence of CHIKV indicated that the mosquito species which were responsible for the current outbreak included *Ae. albopictus*, whereas *Ae. aegypti* contributed to the previous outbreak in Thailand (Thavara et al., 2009). Tsetsarkin et al. (2007) also affirmed that *Ae. albopictus* was the more potential vector for CHIKV than *Ae. aegypti* due to the mutation of the virus which allowed them to adapt to different mosquito vectors from the past. Vertical transmission in mosquitoes may contribute to the maintenance of CHIKV in nature. Chompoosri et al. (2016) demonstrated that *Ae. aegypti* 

and *Ae. albopictus* mosquitoes from Thailand were capable of transmitting the Indian Ocean lineage of CHIKV vertically in the laboratory. They also showed that *Ae. albopictus* was more susceptible to CHIKV and had a greater ability to transmit the virus vertically than *Ae. aegypti*. However, Wong et al. (2016) investigated vertical transmission of infectious clones of CHIKV in *Ae. aegypti* from Malaysia in laboratory experiment. Eggs and adult progeny from the second gonotrophic cycles of infected parental mosquitoes were tested by RT-PCR. There was detectable CHIKV RNA in 56.3% of the pooled eggs and 10% of the adult progeny, but there was no detectable infectious virus through plaque assay.

In the present study, the blood-fed mosquitoes were examined for the presence of CHIKV in different parts of mosquitoes on day 14 post blood feeding (PBF). The percent CHIKV infections in Ae. albopictus were 83.3, 90, 100, 100, and 100% after being fed on 10<sup>2</sup>, 10<sup>3</sup>, 10<sup>4</sup>, 10<sup>5</sup>, and 10<sup>6</sup> CID<sub>50</sub>/ml of CHIKV, respectively. The percent CHIKV disseminations in Ae. albopictus were 70.8, 86.7, 100, 90, and 98% and the percent CHIKV transmissions in Ae. albopictus were 41.6, 70, 100, 90, and 82.4% after blood meals with the titers of 10<sup>2</sup>, 10<sup>3</sup>, 10<sup>4</sup>, 10<sup>5</sup>, and 10<sup>6</sup> CID<sub>50</sub>/ml of CHIKV, respectively. More studies need to be performed of the virus infection, dissemination, and transmission in Ae. albopictus after taking blood meals with virus titers less than 10<sup>2</sup> CID<sub>50</sub>/ml of CHIKV to indicate the minimum infectious dose of CHIKV in this mosquito. Low CHIKV titers can usually be found in infected animals in nature and laboratory animals.

The percent virus infection, dissemination, and transmission were lowest and highest after being fed on  $10^2$  and  $10^4$  CID<sub>50</sub>/ml of CHIKV, respectively. However, there was no significant difference among the percent infections after being fed on  $10^4$ ,  $10^5$ , and

<sup>&</sup>lt;sup>b</sup>Percent infection is defined as percent of blood-fed mosquitoes with virus in bodies.

Percent dissemination is defined as percent of blood-fed mosquitoes with virus in hemocoel as indicated by detecting virus in legs and wings.

<sup>&</sup>lt;sup>d</sup>Percent transmission is defined as percent of blood-fed mosquitoes with virus in saliva.

106 CID<sub>50</sub>/ml and there was no significant difference between the percent transmissions after being fed on 104 and 105 CID<sub>50</sub>/ml of CHIKV. The lowest percent transmission was 41.6% and the highest percent transmission was 100% after being fed on 102 and 104 CID<sub>50</sub>/ml of CHIKV, respectively. The high virus titer in mosquito blood meal might cause high mortality in the blood-fed mosquitoes and affect the average percent transmission. The difference in mosquito intrinsic factors among each mosquito might also affect the virus infection, dissemination, and transmission. The present study indicated that the CHIKV transmission by infected Ae. albopictus occurred after blood meals with the titer of 10<sup>2</sup> CID<sub>50</sub>/ml, which is the titer that can be found in human and various animals. Ae. albopictus is susceptible to CHIKV infection and is the efficient vector for CHIKV transmission. Also, CHIKV titers in blood meals have effects on virus infection, dissemination, and transmission in Ae. albopictus. These mosquitoes play important roles in the ecology of CHIKV, therefore mosquito control must be concerned during the outbreak of this virus.

The blood-fed mosquitoes were tested on day 14 PBF because it is the optimal day for examination of virus infection, dissemination, and transmission in mosquito vectors as described in other studies (Tiawsirisup et al., 2004, 2005; Erickson et al., 2006; Tiawsirisup et al., 2008). CHIKV susceptibility varies by virus strain, and mosquito species and strain. The Asian strain of CHIKV starts to replicate at 5-6 days post infection (DPI) with the maximum virus yield at 5-10 DPI in both Ae. aegypti and Ae. albopictus. The variant Central/East/South African (CESA) virus genotype replicates earlier at 1 DPI with the maximum virus yield at 3-6 DPI in Ae. albopictus females while the nonvariant virus strain replicates at 1-2 DPI with the maximum virus yield at 6-12 DPI. In Ae. aegypti, these viruses replicate at 1-2 DPI, with maximum yields at 4-5 DPI (Chen et al., 2015).

In this study, the lowest virus titer in the blood meal was 10<sup>2</sup> CID<sub>50</sub>/ml and the percent infection was 83.3%, which is very high when compared with the percent infection of WNV in Ae. albopictus (Tiawsirisup et al., 2004). The percent WNV infections in Ae. albopictus were 0, 0, 89, 98, 93, 91, and 90% after being fed on  $10^{2.5}$ ,  $10^{5}$ ,  $10^{7}$ ,  $10^{7.5}$ ,  $10^{8}$ ,  $10^{8.5}$ , and  $10^{9.5}$ CID<sub>50</sub>/ml of WNV, respectively. Even though the percent CHIKV infection was 83.3%, the percent dissemination and transmission were 70.8% and 41.6%, respectively. These findings indicate that there were some degrees of virus barrier in the mosquitoes which were infection, dissemination, and transmission barriers. These barriers were involved in the replication of the virus in the mosquitoes as indicated in other previous studies (Tchankouo-Nguetcheu et al., 2010; Darwin et al., 2011; Arias-Goeta et al., 2013). The present study suggests that Ae. albopictus is susceptible to CHIKV infection and is the efficient vector for CHIKV transmission. CHIKV titers in blood meals also affect virus infection, dissemination, and transmission in Ae. albopictus or vector competence of this mosquito. The information in this study will be useful for the understanding of the ecology of CHIKV in nature in Thailand and also for disease surveillance, vector control, and prevention of CHIKV outbreak in Thailand.

# Acknowledgements

This study was financially supported by the 90th Anniversary of Chulalongkorn University Fund (Ratchadaphiseksomphot Endowment Fund), the Thailand Research Fund and Chulalongkorn University (RSA 5680030), and Special Task Force for Activating Research, Chulalongkorn University (GSTAR 59-001-31-001). We would like to thank Dr.Usawadee Thavara, Department of Medical Sciences, Ministry of Public Health, Thailand for *Aedes albopictus* eggs and the Faculty of Medicine, Chulalongkorn University, Thailand for Thailand 2010 strain of Chikungunya virus.

## References

- Akiner MM, Demirci B, Babuadze G, Robert V and Schaffner F 2016. Spread of the invasive mosquitoes *Aedes aegypti* and *Aedes albopictus* in the Black Sea region increases risk of Chikungunya, Dengue, and Zika outbreaks in Europe. PLoS Negl Trop Dis. 10(4): e0004664.
- Arias-Goeta C, Mousson L, Rougeon F and Failloux AB 2013. Dissemination and transmission of the E1-226V variant of Chikungunya virus in *Aedes albopictus* are controlled at the midgut barrier level. PLoS One. 8(2): e57548.
- Banerjee K, Mourja DT and Malunjkar AS 1988. Susceptibility and transmissibility of different geographical strains of *Aedes aegypti* mosquitoes to Chikungunya virus. Indian J Med Res. 87(2): 134-138.
- Chen TH, Jian SW, Wang CY, Lin C, Wang PF, Su CL, Teng HJ, Shu PY and Wu HS 2015. Susceptibility of *Aedes albopictus* and *Aedes aegypti* to three imported Chikungunya virus strains, including the E1/226V variant in Taiwan. J Formos Med Assoc. 114(6): 546-552.
- Chompoosri J, Thavara U, Tawatsin A, Boonserm R, Phumee A, Sangkitporn S and Siriyasatien P 2016. Vertical transmission of Indian Ocean lineage of Chikungunya virus in *Aedes aegypti* and *Aedes albopictus* mosquitoes. Parasit Vectors. 9: 227.
- Chusri S, Siripaitoon P, Hirunpat S and Silpapojakul K 2011. Case reports of neuro-Chikungunya in southern Thailand. Am J Trop Med Hyg. 85(2): 386-389.
- CV MNK, Anthony Johnson AM and DV RSG 2007.

  Molecular characterization of Chikungunya virus from Andhra Pradesh, India and phylogenetic relationship with Central African isolates. Indian J Med Res. 126(6): 534-540.
- Darwin JR, Kenney JL and Weaver SC 2011.

  Transmission potential of two chimeric Chikungunya vaccine candidates in the urban mosquito vectors, *Aedes aegypti* and *Ae. albopictus*. Am J Trop Med Hyg. 84(6): 1012-1015.

- Delatte H, Desvars A, Bouetard A, Bord S, Gimonneau G, Vourc'h G and Fontenille D 2010. Bloodfeeding behavior of *Aedes albopictus*, a vector of Chikungunya on La Reunion. Vector Borne Zoonotic Dis. 10(3): 249-258.
- Diaz-Gonzalez EE, Kautz TF, Dorantes-Delgado A, Malo-Garcia IR, Laguna-Aguilar M, Langsjoen RM, Chen R, Auguste DI, Sanchez-Casas RM, Danis-Lozano R, Weaver SC and Fernandez-Salas I 2015. First report of *Aedes aegypti* transmission of Chikungunya virus in the Americas. Am J Trop Med Hyg. 93(6): 1325-1329.
- Duong V, Andries AC, Ngan C, Sok T, Richner B, Asgari-Jirhandeh N, Bjorge S, Huy R, Ly S, Laurent D, Hok B, Roces MC, Ong S, Char MC, Deubel V, Tarantola A and Buchy P 2012. Reemergence of Chikungunya virus in Cambodia. Emerg Infect Dis. 18(12): 2066-2069.
- Erickson SM, Platt KB, Tucker BJ, Evans R, Tiawsirisup S and Rowley WA 2006. The potential of *Aedes triseriatus* (Diptera: Culicidae) as an enzootic vector of West Nile virus. J Med Entomol. 43(5): 966-970.
- Gosciminski M, Bandy U and Brady DS 2015. Travel associated cases of Chikungunya fever, Rhode Island, 2014. R I Med J. 98: 47-49.
- Halstead SB, Scanlon JE, Umpaivit P and Udomsakdi S 1969. Dengue and Chikungunya virus infection in man in Thailand, 1962-1964. IV. Epidemiologic studies in the Bangkok metropolitan area. Am J Trop Med Hyg. 18(6): 997-1021.
- Hochedez P, Jaureguiberry S, Debruyne M, Bossi P, Hausfater P, Brucker G, Bricaire F and Caumes E 2006. Chikungunya infection in travelers. Emerg Infect Dis. 12(10): 1565-1567.
- Hwang JH and Lee CS 2015. The first imported case infected with chikungunya virus in Korea. Infect. Chemother. 47(1): 55-59.
- Imai K, Nakayama E, Maeda T, Mikita K, Kobayashi Y, Mitarai A, Honma Y, Miyake S, Kaku K, Miyahira Y and Kawana A 2016. Chikungunya fever in Japan imported from the Caribbean Islands. Jpn J Infect Dis. 69(2): 151-153.
- Jain J, Kushwah RB, Singh SS, Sharma A, Adak T, Singh OP, Bhatnagar RK, Subbarao SK and Sunil S 2016. Evidence for natural vertical transmission of Chikungunya viruses in field populations of *Aedes aegypti* in Delhi and Haryana States in India A Preliminary Report. Acta Trop. 162: 46-55.
- Kondo M, Akachi S, Ando K, Nomura T, Yamanaka K and Mizutani H 2016. Two Japanese siblings affected with Chikungunya fever with different clinical courses: Imported infections from the Cook Islands. J Dermatol. 43(6): 697-700.
- Lam SK, Chua KB, Hooi PS, Rahimah MA, Kumari S, Tharmaratnam M, Chuah SK, Smith DW and Sampson IA 2001. Chikungunya infection--an emerging disease in Malaysia. Southeast

- Asian J Trop Med Public Health. 32(3): 447-
- McTighe SP and Vaidyanathan R 2012. Vector competence of *Aedes albopictus* from Virginia and Georgia for Chikungunya virus isolated in the Comoros Islands, 2005. Vector Borne Zoonotic Dis. 12(10): 867-871.
- Pages F, Peyrefitte CN, Mve MT, Jarjaval F, Brisse S, Iteman I, Gravier P, Tolou H, Nkoghe D and Grandadam M 2009. *Aedes albopictus* mosquito: the main vector of the 2007 Chikungunya outbreak in Gabon. PLoS One. 4(3): e4691
- Pile JC, Henchal EA, Christopher GW, Steele KE and Pavlin JA 1999. Chikungunya in a North American traveler. J Travel Med. 6(2): 137-139
- Reed LJ and Muench H 1938. A simple method of estimating fifty percent endpoints. Am J Hygiene. 27(3): 493-497.
- Richard V, Paoaafaite T and Cao-Lormeau VM 2016. Vector competence of *Aedes aegypti* and *Aedes polynesiensis* populations from French Polynesia for Chikungunya virus. PLoS Negl Trop Dis. 10(5): e0004694.
- Richards SL, Anderson SL and Smartt CT 2010. Vector competence of Florida mosquitoes for Chikungunya virus. J Vector Ecol. 35(2): 439-443
- Suryawanshi SD, Dube AH, Khadse RK, Jalgaonkar SV, Sathe PS, Zawar SD and Holay MP 2009. Clinical profile of Chikungunya fever in patients in a tertiary care centre in Maharashtra, India. Indian J Med Res. 129(4): 438-441.
- Tanay A 2016. Chikungunya fever presenting as a systemic disease with fever. Arthritis and rash: Our experience in Israel. Isr Med Assoc J. 18(3-4): 162-163.
- Tanay A, Schwartz E, Bin H, Zeller H, Niedrig M and Dan M 2008. Chikungunya fever in Israeli travelers returning from northwestern India. J Travel Med. 15(5): 382-384.
- Tchankouo-Nguetcheu S, Khun H, Pincet L, Roux P, Bahut M, Huerre M, Guette C and Choumet V 2010. Differential protein modulation in midguts of *Aedes aegypti* infected with Chikungunya and Dengue 2 viruses. PLoS One. 5(10): e13149.
- Thavara U, Tawatsin A, Pengsakul T, Bhakdeenuan P, Chanama S, Anantapreecha S, Molito C, Chompoosri J, Thammapalo S, Sawanpanyalert P and Siriyasatien P 2009. Outbreak of Chikungunya fever in Thailand and virus detection in field population of vector mosquitoes, *Aedes aegypti* (L.) and *Aedes albopictus* Skuse (Diptera: Culicidae). Southeast Asian J Trop Med Public Health. 40(5): 951-962.
- Theamboonlers A, Rianthavorn P, Praianantathavorn K, Wuttirattanakowit N and Poovorawan Y 2009. Clinical and molecular characterization of Chikungunya virus in South Thailand. Jpn J Infect Dis. 62(4): 303-305.

- Tiawsirisup S, Kinley JR, Tucker BJ, Evans RB, Rowley WA and Platt KB 2008. Vector competence of *Aedes vexans* (Diptera: Culicidae) for West Nile virus and potential as an enzootic vector. J Med Entomol. 45(3): 452-457.
- Tiawsirisup S, Platt KB, Evans RB and Rowley WA 2004. Susceptibility of *Ochlerotatus trivittatus* (Coq.), *Aedes albopictus* (Skuse), and *Culex pipiens* (L.) to West Nile virus infection. Vector Borne Zoonotic Dis. 4(3): 190-197.
- Tiawsirisup S, Platt KB, Evans RB and Rowley WA 2005. A comparision of West Nile Virus transmission by *Ochlerotatus trivittatus* (COQ.), *Culex pipiens* (L.), and *Aedes albopictus* (Skuse). Vector Borne Zoonotic Dis. 5(1): 40-47.
- Tilak R, Ray S, Tilak VW and Mukherji S 2016. Dengue, Chikungunya and the missing entity - Zika fever: A new emerging threat. Med. J. Armed Forces India. 72(2): 157-163.
- Tsetsarkin KA, Vanlandingham DL, McGee CE and Higgs S 2007. A single mutation in Chikungunya virus affects vector specificity and epidemic potential. PLoS Pathog. 3(12): e201.
- Valamparampil JJ, Chirakkarot S, Letha S, Jayakumar C and Gopinathan KM 2009. Clinical profile of Chikungunya in infants. Indian J Pediatr. 76(2): 151-155.
- van den Hurk AF, Hall-Mendelin S, Pyke AT, Smith GA and Mackenzie JS 2010. Vector competence of Australian mosquitoes for Chikungunya virus. Vector Borne Zoonotic Dis. 10(5): 489-495.
- Vega-Rua A, Zouache K, Caro V, Diancourt L, Delaunay P, Grandadam M, Failloux AB 2013. High efficiency of temperate *Aedes albopictus* to transmit Chikungunya and Dengue viruses in the Southeast of France. PLoS One. 8(3): e59716.
- Vega-Rua A, Zouache K, Girod R, Failloux AB and Lourenco-de-Oliveira R 2014. High level of vector competence of *Aedes aegypti* and *Aedes albopictus* from ten American countries as a crucial factor in the spread of Chikungunya virus. J Virol. 88(11): 6294-6306.
- Watanaveeradej V, Endy TP, Simasathien S, Kerdpanich A, Polprasert N, Aree C, Vaughn DW and Nisalak A 2006. The study transplacental Chikungunya virus antibody kinetics, Thailand. Emerg Infect Dis. 12(11): 1770-1772.
- Wong HV, Vythilingam I, Sulaiman WY, Lulla A, Merits A, Chan YF and Sam IC 2016. Detection of persistent Chikungunya virus RNA but not infectious virus in experimental vertical transmission in *Aedes aegypti* from Malaysia. Am J Trop Med Hyg. 94(1): 182-186.

# บทคัดย่อ

# ผลของปริมาณเชื้อไวรัสชิคุนกุนยาในเลือดต่อการติดเชื้อ การกระจายเชื้อ และการถ่ายทอดเชื้อในยุงลายสวน

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เชื้อไวรัสซิคุนกุนยาเป็นเชื้อที่มียุงเป็นแมลงพาหะในการนำเชื้อ วงจรการถ่ายทอดเชื้อจะเกี่ยวข้องกับยุงพาหะนำเชื้อและโฮสต์ที่มี การติดเชื้อ อย่างไรก็ตามการศึกษาเกี่ยวกับศักยภาพของยุงพาหะนำเชื้อไวรัสชิคุนกุนยาในประเทศไทยนั้นมีไม่มากนัก งานวิจัยนี้ได้ ทำการศึกษาผลของปริมาณเชื้อไวรัสชิคุนกุนยาในเลือดที่ยุงลายสวนกินเข้าไปต่อศักยภาพของยุงในการนำเชื้อ การศึกษานี้ประกอบไปด้วย ยุงลายสวนจำนวน 5 กลุ่ม ซึ่งได้รับเชื้อไวรัสชิคุนกุนยาในปริมาณที่แตกต่างกัน ได้แก่  $10^2$ ,  $10^3$ ,  $10^4$ ,  $10^5$  และ  $10^6$  CID $_{50}$ /ml หลังจากนั้น 14 วัน ทำการศึกษาการติดเชื้อไวรัสในส่วนลำตัว ขาและปีก และในน้ำลายของยุงโดยวิธี immunocytochemistry staining ร้อยละของการติด เชื้อ การกระจายเชื้อ และการถ่ายทอดเชื้อในยุงประเมินจากร้อยละของการติดเชื้อในส่วนลำตัว ขาและปีก และในน้ำลายของยุงที่ได้รับเชื้อ เข้าไป ตามลำดับ การศึกษานี้พบว่า การติดเชื้อในยุงมีค่าร้อยละ 83.3, 90, 100, 100 และ 100 การกระจายของเชื้อในยุงมีค่าร้อยละ 100, 100, 100 และ 100 การกระจายของเชื้อในยุงมีค่าร้อยละ 100, 100, 100, 100 และ 100, 10

# คำสำคัญ: ยุงลายสวน เชื้อไวรัสชิคุนกุนยา การถ่ายทอดเชื้อ ศักยภาพในการนำเชื้อ

<sup>&</sup>lt;sup>1</sup>กลุ่มการวิจัยโรคติดเชื้อในสัตว์ที่มีพาหะนำโรค หน่วยปรสิตวิทยา ภาควิชาพยาธิวิทยา คณะสัตวแพทยศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย <sup>2</sup>หลักสูตรสหสาขาวิชาชีวเวชศาสตร์ บัณฑิตวิทยาลัย จุฬาลงกรณ์มหาวิทยาลัย

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